

Thrift Savings Plan

Financial Hardship In-Service Withdrawal Package

- **Form TSP-76, Financial Hardship
In-Service Withdrawal Request**
- **Financial Hardship Worksheet**
- **Form TSP-75-T, Transfer of In-Service
Withdrawal**
- **Important Tax Information About TSP
In-Service Withdrawal Payments**

October 1997



THRIFT SAVINGS PLAN FINANCIAL HARDSHIP IN-SERVICE WITHDRAWAL PACKAGE

TSP-76

GENERAL INFORMATION

Before requesting a financial hardship in-service withdrawal, read the information and instructions in this package. You should also read the booklet *TSP In-Service Withdrawals*. It provides more detailed information about withdrawing money from your TSP account, including tax consequences, rules affecting spouses' rights, and the termination of your contributions. The booklet also explains the information and documentation you must provide to support your request for a financial hardship in-service withdrawal.

Note: If you are in pay status and are eligible for a TSP loan, you may want to consider taking a loan rather than withdrawing funds from your TSP account.

QUALIFYING FOR A FINANCIAL HARDSHIP IN-SERVICE WITHDRAWAL

To qualify for a financial hardship withdrawal from your TSP account:

- You must be a current Federal employee. (This includes employees who are in approved nonpay status.)
- Your TSP account must contain at least \$1,000 of your own contributions and earnings on those contributions. (You cannot request to withdraw less than this.)
- You must demonstrate financial hardship for the amount you request.
- You cannot have received a financial hardship in-service withdrawal within 6 months of the time your current request is processed.
- You cannot have a pending application for an age-based in-service withdrawal or a TSP loan.

The determination of financial hardship is based on your having regular monthly expenses in excess of net income and/or certain **unpaid and unreimbursable** extraordinary expenses. Extraordinary expenses are limited to four types: household improvements needed for medical care, personal casualty loss, legal expenses for separation/divorce, and medical expenses.

When the TSP receives your application, it will use the following information to determine whether you qualify for a financial hardship withdrawal, and the amount for which you qualify: (1) the financial information you have provided, (2) your supporting documentation (if you request a withdrawal based on extraordinary expenses), (3) your current earnings and leave statement (even if you are in nonpay status), and (4) the amount of your TSP employee contributions and earnings. If the TSP determines that you qualify for a withdrawal of at least \$1,000 but for an amount that is less than you requested, the TSP will send you the amount for which you qualify. If you do not qualify, the TSP will notify you by mail.

TERMINATING YOUR CONTRIBUTIONS

When your financial hardship in-service withdrawal is made, the TSP will instruct your agency to terminate your employee contributions (if any) for 6 months. If you are a FERS employee, this means that any Agency Matching

Contributions will also stop; however, as long as you are in pay status, you will continue to receive your Agency Automatic (1%) Contributions during this time. At the end of this 6-month period, you can ask your agency to resume your contributions -- they will **not** resume automatically.

WHERE YOUR PAYMENT WILL BE SENT

Payment and correspondence related to your in-service withdrawal will be mailed to the address in your TSP account record. If your TSP account address is not correct, contact your agency personnel office immediately to ensure that your agency provides your correct address to the TSP. The TSP cannot use the address that you provide on your in-service withdrawal request to change your TSP account address or to mail your check.

APPLYING FOR A FINANCIAL HARDSHIP IN-SERVICE WITHDRAWAL

This package contains:

Form TSP-76, Financial Hardship In-Service Withdrawal Request	Use this form to apply for a financial hardship withdrawal.
Financial Hardship Worksheet	Use the Worksheet to help determine the amount for which you qualify.
Form TSP-75-T, Transfer of In-Service Withdrawal	Use this form if you want to have all or part of your payment transferred to an Individual Retirement Arrangement (IRA) or other eligible retirement plan.
Important Tax Information About TSP In-Service Withdrawal Payments	Read this notice to understand the tax consequences of your withdrawal.

Make a copy of the completed form(s) for your records. Mail the original(s) to:

**TSP Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 71061-1500**

**I.
INFORMATION
ABOUT YOU**

1 - 8: Payment and correspondence related to your in-service withdrawal will be mailed to the address in your TSP account record. If you have a new address, contact your agency personnel or payroll office **immediately** to ensure that your correct address is provided to the TSP.

9: Attach a copy of your **current earnings and leave statement** and check this box. You must attach your earnings and leave statement even if you are in nonpay status.

**II.
WITHDRAWAL
REQUEST**

10: You may withdraw only your own contributions and earnings. You may not request less than \$1,000. The maximum amount that you can withdraw depends on the amount of your documented financial hardship and the amount that is available in your account for a withdrawal.

Use the Financial Hardship Worksheet to help you calculate the amount of your financial hardship based on the information you provide in Sections VI and VII of the application (Financial Statement and Extraordinary Expenses). Complete the Worksheet before you enter an amount in **Item 10** so that you

do not request more than you have documented.

Do not submit the Worksheet with your application. The TSP will calculate the actual amount for which you qualify based on your Financial statement, your current earnings and leave statement, your supporting documentation for any extraordinary expenses, and the value of your TSP employee contributions and attributable earnings.

If you qualify for at least \$1,000 but less than the full amount that you requested the TSP will send you the amount for which you qualify.

**III.
TAX
WITHHOLDING
AND TRANSFER
INFORMATION**

In-service withdrawal payments are considered "eligible rollover distributions" for Federal income tax purposes and, as such, are subject to mandatory 20% Federal income tax withholding. This withholding cannot be waived. However, you can request **one** of the following options:

- An increase in your withdrawal amount to cover Federal income tax withholding (if the entire withdrawal is sent directly to you),

or

- A transfer of all or a portion of your withdrawal to an Individual Retirement Arrangement (IRA) or other eligible retirement plan to defer Federal income tax withholding on the amount transferred.

Read the tax notice included in this package. If you do not want either of these options, skip to **Item 13**.

11: Check this box **only** if you would like to receive -- after Federal income tax withholding -- the full amount of withdrawal which you requested. The amount you withdraw from your account will then be increased to cover the Federal tax withholding on your payment. (Note: The additional amount that is withdrawn is also subject to tax withholding and any early withdrawal penalty tax.)

For example, if you check this box and the amount that you request (and for which you qualify) is

\$1,000, \$1,250 will be withdrawn from your TSP account. A check for \$1,000 will be sent directly to you, and \$250.00 (or 20% of \$1,250) will be withheld for Federal tax purposes. The disbursement of \$1,250 will be reported to the Internal Revenue Service (IRS).

Note: The additional withdrawal can be made only if:

- no portion of your withdrawal is being transferred to an IRA or other eligible retirement plan,

and

- you have sufficient employee contributions and attributable earnings in your TSP account. If you do not, your withdrawal will be increased only to the extent that funds are available.

12: Check this box **only** if you want the TSP to transfer all or any portion of your in-service withdrawal to an IRA or other eligible retirement plan. You will avoid the mandatory tax withholding on any portion of your withdrawal that you transfer directly to an IRA or other eligible retirement plan. However, these funds will still be subject to taxes when you check this box, you must also submit Form TSP-75-T, Transfer of In-Service Withdrawal, which is included in this package.



THRIFT SAVINGS PLAN FINANCIAL HARDSHIP IN-SERVICE WITHDRAWAL PACKAGE

TSP-76

Read the instructions carefully. In order to be eligible for a financial hardship withdrawal, you must be an active Federal employee, you must have at least \$1,000 of your own contributions and attributable earnings in your account, and you must be able to demonstrate the need for a financial hardship withdrawal. You must also provide a current earnings and leave statement and supporting documentation for any extraordinary expenses you list on this application.

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle
2. _____ 3. _____ 4. _____
Social Security Number Date of Birth (Month/Day /ear) Daytime Phone (Area Code and Number)
5. Address _____
Street Address or Box Number
6. City _____ 7. _____ 8. _____
State/Country Zip Code
9. ☐ Check here to indicate that you have attached a copy of your current earnings and leave statement.

II. WITHDRAWAL REQUEST

Complete Item 10 **after** you have completed Section VI (Financial Statement), Section VII (Extraordinary Expenses), and the Worksheet, which will help you calculate the amount of financial hardship for which you qualify. If you are not eligible for the full amount you request, the TSP will disburse the maximum amount for which you qualify, even if it is substantially less than your request.

10. Amount of withdrawal you are requesting \$ _____
(Must be \$1,000 or more)

III. TAX WITHHOLDING AND TRANSFER INFORMATION

This section is optional. By law, the TSP must withhold 20% Federal income tax from a payment made directly to you. This mandatory withholding cannot be waived.

11. ☐ Check this box if you want to withdraw an additional amount from your account so that your payment after the mandatory 20% Federal income tax withholding is the amount you requested (or for which you qualify, if it is less than you requested). See the instructions for an example.

or

12. ☐ Check this box if you want to have the TSP transfer all or any portion of your withdrawal to an Individual Retirement Arrangement (IRA) or other eligible retirement plan. If you check this box, you must also complete Form TSP-75-T, Transfer of In-Service Withdrawal.

TSP-76 Information and Instructions *Continued*

IV. - V. SPOUSE INFORMATION AND CONSENT

Spouses' rights apply to all in-service withdrawal requests. If you are a married FERS employee, this means that your spouse must consent to your in-service withdrawal. If you are a married CSRS employee, the TSP must notify your spouse before your in-service withdrawal can be made.

13 - 14: (FERS and CSRS participants) -- You must complete **Item 13**, and, if married, you must provide your spouse's name in **Item 14**. Otherwise, the TSP will not be able to process your request.

15 - 19: (Married CSRS participants) -- Provide your spouse's address in **Items 15 - 18**. If you do not

know the whereabouts of your spouse, check **Item 19** and submit Form TSP-16. Exception to Spousal Requirements, with the required documentation.

20 - 22: (Married FERS participants) -- Your spouse must give written consent to the withdrawal by signing and dating **Items 20 and 21**. If you cannot obtain your spouse's signature because his or her whereabouts are unknown or you believe that exceptional circumstances apply, check **Item 22** and submit Form TSP-16, Exception to Spousal Requirements, with the required documentation.

VI. FINANCIAL STATEMENT

Complete each item, rounding to the nearest dollar. If your income, deductions, or expenses for a particular item are 0, enter 0.

This form requests information about you, your spouse, and your dependents. Dependents are defined as individuals whom you can claim as dependents for Federal income tax purposes at the time you apply for the hardship withdrawal.

If you are married and not separated from your spouse, report income for both yourself and your spouse. If information cannot be assigned to yourself or your spouse individually, enter the total only. If you and your spouse are separated, report only your own income and your own household expenses.

24: Family Size. Family size includes you, your spouse, and your dependents. If you are separated or divorced, it includes you and your dependents **only** if your dependents are living with you. If your dependents are living elsewhere and you contribute to their support, do not include them in family size but include in **Item 43** the amount of support you pay. If children you cannot claim as dependents are living with you and you receive support for them, include them in family size and enter the amount of support you receive in **Item 34**.

MONTHLY INCOME

If you are in nonpay status, enter 0 in your column for **Items 25 - 33**. If your spouse is not employed or is in nonpay status at the time you are completing the application, enter 0 in your spouse's column.

If in pay status, provide **monthly** figures. Calculate the monthly amount as described below:

25: Monthly gross salary or wages.

- **If you are paid biweekly (26 times a year)**, multiply the biweekly amount from your current earnings and leave statement by 26 and divide by 12.
- **If you are paid weekly (52 times a year)**, multiply the weekly amount from your current earnings and leave statement by 52 and divide by 12.
- **If you are paid semimonthly (24 times a year)**, add the amounts from your last two earnings and leave statements.

- **If you are paid monthly (12 times a year)**, use the amount shown on your current earnings and leave statement.

Deductions from Income

Calculate monthly deductions as shown in **Item 25**.

26 - 28: Monthly Federal, state, and local income tax withholding. Enter the amount of monthly tax withholding for each.

29: Monthly OASDI (Social Security)/Medicare. If you or your spouse have more than one job, include the monthly OASD (Social Security)/Medicare deduction associated with all wages and salary.

30: Monthly Federal retirement deduction (FERS/CSRS). Enter the monthly amount withheld for the FERS Basic Annuity or for the CSRS annuity.

31: Monthly TSP contributions (spouse only). Enter only your Spouse's monthly contributions to the TSP. Do not include your own.

32: Other monthly retirement plan deductions. Enter monthly deductions for retirement plans of any non-Federal jobs. Do not include contributions to an IRA.

33: Total deductions. Add all the entries in the Total column for **Items 26 - 32**.

Additions to Income

Calculate monthly additions as shown in **Item 25**.

34: Monthly alimony, maintenance, and/or child support. Enter the amount received each month. If payments are irregular, enter the average of the last 3 months.

35: Other monthly income. Enter other income, including royalties and net income from real estate investments and a family business (i.e., monthly cash income minus monthly cash outlays). If net income is negative, enter a minus sign and subtract it when you total the additions to your income in **Item 36**.

36: Total additions to income. Add **Item 34** and **Item 35**.

37: TOTAL NET MONTHLY INCOME. Subtract the amount of **Item 33** from the amount of **Item 25** and add **Item 36**.

Name: _____ Social Security Number: _____

**IV.
SPOUSE
INFORMATION**

13. Are you married (even if separated from your spouse)?

☐ Yes (Complete this section.)

☐ No (Skip to Section VI.)

14. Spouse's Name _____

Last

First

Middle

15. Spouse's Address _____

Street Address or Box Number (If same as yours, write "SAME.")

16. City _____

17. _____

18. _____

State/Country

Zip Code

19. ☐ Check here if you do not know your spouse's address. (See instructions.)

**V.
SPOUSE'S
CONSENT**

If you are covered by FERS and you are married, your spouse must give consent before you can make a financial hardship in-service withdrawal.

Spouse's Consent: By signing below, I give my consent to this financial hardship in-service withdrawal from my spouse's Thrift Savings Plan account.

20. _____

Spouse's Signature

21. _____

Date Signed

22. ☐ Check here if you cannot obtain your spouse's signature. (See instructions.)

**VI.
FINANCIAL
STATEMENT**

Please read the instructions carefully before completing this section.

23. a. Are you paid biweekly (every two weeks, 26 times a year)?

☐ Yes

☐ No

b. If no, check the box that indicates when you are paid.

☐ Semimonthly (twice a month, 24 times a year)

☐ Monthly (12 times a year)

☐ Weekly (52 times a year)

24. FAMILY SIZE as defined in the instructions

MONTHLY INCOME

25. Monthly gross salary or wages

You	Your Spouse	Total
_____	_____	_____

Deductions from Income

26. Monthly Federal income tax withholding

_____ + _____ = _____

27. Monthly state income tax withholding

_____ + _____ = _____

28. Monthly local income tax withholding

_____ + _____ = _____

29. Monthly OASDI (Social Security)/Medicare

_____ + _____ = _____

30. Monthly Federal retirement deduction (FERS/CSRS)

_____ + _____ = _____

31. Monthly TSP contributions (spouse only)

_____ + _____ = _____

32. Other monthly retirement plan deductions

_____ + _____ = _____

33. Total deductions from income (Add Items 26 - 32)

_____ + _____ = _____

Additions to Income

34. Monthly alimony, maintenance, and/or child support

_____ + _____ = _____

35. Other monthly income as defined in the instructions

_____ + _____ = _____

36. Total additions to income (Add Items 34 - 35)

_____ + _____ = _____

37. TOTAL NET MONTHLY INCOME
(Item 25 minus Item 33 plus Item 36)

_____ + _____ = _____

TSP-76 Information and Instructions *Continued*

VI. FINANCIAL STATEMENT (continued)

MONTHLY SCHEDULED HOUSEHOLD EXPENSES

38: Monthly household rent or mortgage payment. Enter your monthly rent payment or, if applicable, your monthly mortgage payment on your primary residence. If real estate taxes and homeowner's insurance are included in your payment, include them here and enter 0 in **Items 39 and 40**. If additional mortgages are outstanding on your primary residence, or if you are in pay status and have an outstanding TSP residential loan, include those monthly payments as well.

39: Monthly household real estate tax. If you pay your real estate tax separately from your mortgage payment, enter an amount representing one month's real estate tax for your primary residence.

40: Monthly household homeowner's insurance. If you pay your homeowner's insurance separately from your rent or mortgage payment, enter the monthly amount for your primary residence.

41: Monthly household utilities. Enter your total monthly payments for utilities (e.g., gas, electric, phone, and water bills). Do not list items that are included in your rent. (If your monthly utility bills vary

substantially, you can use your average monthly bills over 12 months.)

42: Monthly household dependent care. Enter the amount you pay each month for care for a dependent child, or for your spouse or another dependent adult who cannot be left alone while other adults are at work. Include household help needed due to illness or injury.

43: Monthly expense for alimony, maintenance, and/or child support Enter the amount you pay each month.

44: Monthly installment loan payments. Enter name of lender and payment amount for loans with set monthly payments **only** (for example, automobile loans, unsecured bank loans, or schedule of payments for back taxes owed). **Do not include payments for credit card purchases or interest charges.** (We take credit card payments and other recurring expenses into account as a function of your monthly income and family size.) Do not include payments for TSP loans.

45: TOTAL MONTHLY SCHEDULED HOUSEHOLD EXPENSES. Add all the entries in **Items 38 - 44**.

VII. EXTRA- ORDINARY EXPENSES

Extraordinary expenses include only expenses that are **unpaid and unreimbursable** (by insurance or otherwise). Only the four types of expenses described below are allowed. For any amount you request, you **must** submit supporting documentation demonstrating that you have incurred -- but not paid -- the specific expense, or will incur it within the next 6 months. For incurred expenses, provide a copy of a bill on official letterhead of the service provider, itemizing the expenses. For expenses to be incurred, provide an itemized cost estimate and the time frame for the services from the provider, on official letterhead.

You must read the booklet *TSP In-Service Withdrawals* for complete information about documentation requirements and examples. **Failure to submit adequate supporting documentation may result in a withdrawal of a smaller amount than you requested.**

46: Costs of household improvements needed for medical care -- Limited to costs that are eligible for deduction on your Federal income tax return, but without the IRS limits on income or fair market value. Examples of these improvements are changes to your living quarters or the installation of special equipment required because of illness or injury. The improvements may be required for you, your spouse, or your dependent (i.e., an individual you can claim

as a dependent for Federal income tax purposes at the time you request the withdrawal).

47: Expenses due to personal casualty loss -- Limited to costs of repair and replacement associated with losses that are eligible for deduction on your Federal income tax return, but without the IRS limits on income or fair market value. An example is sudden property loss resulting from damage or destruction by fire, storm, or other casualty, or due to theft of property.

48: Legal costs associated with your separation or divorce -- Limited to attorney fees and court costs, **not** alimony or child support payments or settlements you must pay your former spouse.

49: Medical expenses -- May be incurred by you, your spouse, or your dependents (i.e., individuals you can claim as dependents for Federal income tax purposes at the time you request the withdrawal). Generally, includes expenses that are eligible for deduction on your Federal income tax return, but without the IRS income limit. This includes physician and hospital services and prescription drugs; it does **not** include medical or dental insurance premiums or costs covered under **Item 46**.

50: TOTAL EXTRAORDINARY EXPENSES. Add **Items 46 - 49**.

VIII. YOUR ACKNOWLEDGE- MENT AND CERTIFICATION

Read the acknowledgement and certification carefully. By signing this section you are:

- Acknowledging that your employee contributions, if any (and any matching contributions, if you are a FERS employee), will be **terminated for 6 months** after your in-service withdrawal has been paid. At the end of this 6-month period, you can ask your agency to resume your contributions.

- Providing your permission to the TSP to contact any individuals or institutions shown on this form or in supporting documentation to confirm any amounts listed.
- Waiving the 30-day tax notification period that the TSP is required to provide you so that you can consider the tax information.

Financial Hardship Worksheet

Complete this Worksheet to calculate the maximum financial hardship withdrawal for which you qualify. Refer to the Financial Statement and the Extraordinary Expenses sections (VI and VII) of your Form TSP-76 for the **numbered items** in this Worksheet. The TSP will calculate the actual amount of the hardship withdrawal for which you qualify based on the information you provided in Sections VI and VII, your earnings and leave statement, and the value of your TSP employee contributions and attributable earnings.

TO DETERMINE YOUR HARDSHIP AMOUNT DUE TO NEGATIVE CASH FLOW:

- A. Total monthly income:** Complete calculation I or II below depending on your current pay status to determine ordinary monthly household expenses. For those in nonpay status, even though your current actual pay may be \$0, you must use your annual salary of record for the calculation.

I. If in Nonpay Status:

1. Annual salary of record from most recent earnings and leave statement. _____
2. Divide Line 1 by 12 months _____
3. Item 25 _____
4. Item 36 _____
5. Add Lines 2, 3, and 4; enter result on Line A. _____

II. If in Nonpay Status:

3. Item 25 _____
4. Item 36 _____
5. Add Lines 1 and 2; enter result on Line A. _____

A

- B. Allowance for ordinary monthly household expenses:** Using the table, find the factor for your total monthly income (Line A) and your family size (Item 24 of your Financial Statement). Enter that factor and multiply it by the amount of your total monthly income (Line A). Round to the nearest whole dollar.

Total Monthly Income	Family Size		
	1 or 2	3 or 4	5 or more
Less than \$1,250	.85	.90	.90
\$1,250 - 1,666	.70	.80	.80
\$1,667 - 2,499	.60	.65	.70
\$2,500 - 3,332	.50	.55	.60
\$3,333 - 4,166	.40	.50	.50
\$4,167 - 5,832	.40	.45	.50
\$5,833 or more	.30	.35	.40

_____	X	_____	=	_____
Factor		Line A		B

- C. Total monthly scheduled household expenses:** Item 45. _____

C

- D. Total monthly household expenses:** Line B plus Line C. _____

B + C = D

- E. Total net monthly income:** Item 37. _____

E

- F. Amount by which your household expenses exceed your net monthly income:** Line D minus Line E (if Line D is less than Line E, enter 0). _____

D - E = F

- G. Hardship amount due to negative cash flow:** Line F times 6 months. _____

Line F

X 6

=

G

TO DETERMINE YOUR HARDSHIP AMOUNT DUE TO EXTRAORDINARY EXPENSES:

- H. Amount by which your net monthly income exceeds your household expenses:** Line E minus Line D (if Line E is less than Line D, enter 0). _____

E - D = H

- I. Positive cash flow available for extraordinary expenses:** Line H times 6 months. _____

Line H

X 6

=

I

- J. Extraordinary expenses:** Item 50. _____

J

- K. Hardship amount due to extraordinary expenses:** Line J minus Line I (if Line J is less than Line I, enter 0). _____

J - I = K

TO CALCULATE YOUR TOTAL HARDSHIP AMOUNT:

- L. Hardship amount due to negative cash flow:** Line G. _____

G = L

- M. Hardship amount due to extraordinary expenses:** Line K. _____

K = M

- N. Line L plus Line M.** The amount of your withdrawal request in Item 10 should not exceed this amount. If this amount is less than \$1,000, you do not qualify for a hardship withdrawal. _____

Name:

Social Security Number:

**VI.
FINANCIAL
STATEMENT**
(continued)

MONTHLY SCHEDULED HOUSEHOLD EXPENSES

- 38.** Monthly household rent or mortgage payment _____
- 39.** Monthly household real estate tax (*if paid separately from mortgage*) _____
- 40.** Monthly household homeowner's insurance (*if paid separately from mortgage*) _____
- 41.** Monthly household utilities (*if paid separately from rent*) _____
- 42.** Monthly household dependent care (*including household help due to illness or injury*) _____
- 43.** Monthly expense for alimony, maintenance, and/or child support _____
- 44.** Monthly installment loan payments (**not** including credit card payments)
List lenders' names:

- 45.** TOTAL MONTHLY SCHEDULED HOUSEHOLD EXPENSES (*Add Items 38 - 44*) _____

**VII.
EXTRAORDINARY
EXPENSES**

Extraordinary expenses are limited to the four types shown in Items 46 - 49, as defined in the instructions. You **must** enclose supporting documentation for the amounts you indicate in this section. (See the booklet *TSP In-Service Withdrawals*.) Show only expenses that are **unpaid and unreimbursable** by insurance or otherwise.

- 46.** Costs of household improvements needed for medical care _____
- 47.** Expenses resulting from personal casualty loss _____
- 48.** Legal expenses for separation/divorce (does not include court-ordered payments to a spouse or former spouse or child support payments) _____
- 49.** Medical expenses _____
- 50.** TOTAL EXTRAORDINARY EXPENSES (*Add Items 46 - 49*) _____

**VIII.
YOUR
ACKNOWLEDGE-
MENT AND
CERTIFICATION**

The TSP will notify your agency that your employee contributions, if any, must be terminated after your withdrawal is paid. If you are a FERS employee, this means that Agency Matching Contributions will also stop. You may ask your agency to resume your contributions after 6 months.

The TSP may contact individuals or institutions shown on this form or in supporting documentation to confirm any amounts listed.

I agree to these conditions for a financial hardship withdrawal and certify that the information I have provided in this withdrawal request and supporting documentation is true to the best of my knowledge. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of the law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

51. _____
Participant's Signature

52. _____
Date Signed

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide to process your in-service withdrawal request. This information may also be shared with other Federal agencies to administer your account or for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating, prosecuting, or enforcing a violation of civil or

criminal law or with other agencies for the purpose of implementing a statute, rule, or order. It also be shared with Congressional offices, the TSP annuity vendor, retirement plan sponsors, auditing firms, spouses, former spouses, beneficiaries, persons responsible for your care, and representatives of your estate. It may also be released in response to a court subpoena or to appropriate parties preparing for or engaged in litigation affecting your TSP account. You are not required by law to provide this information, but if you do not provide it, it may not be possible to process your request.